



2020 Fall Camp Registration Form



| Child's Name | | | |
|--|--|---|---|
| | | Age | |
| Address | | City | Zip |
| Phone: | Cell: | Male / Female | Birth date |
| Please indicate weeks | and time desired. | Registration fee is \$25 per c | child for weekly and punch pass |
| Week 1 | (October 5-9) | We | ek 2 (October 12-16) |
| Single Week: 7:00a | am to 6pm \$165 | Both Week | zs: 7:00am to 6pm \$300 |
| Weekly fees are due prior to start of each week. Field trips will be local and must be paid for in advance. Late pick up or Early Drop off Fees: \$1 per minute. After 6:30pm there is a flat rate of \$30. If there is a Returned Check, the Fee is \$35.00, paid to the City of Lodi; you will then be on a "cash" only status. | | | |
| Week 1. Swimming (Mon-Fri 1-3pm) Week 2. Swimming (Mon-Fri1-3 pm) | | | |
| Recreation Department, I here servants and agents (hereafter child is (1) at the City's facilitie injuries or property damage is participate in this activity, my control of the control o | eby waive and release any claims of the Common to the Common to collectively as "the Common to the City's at caused in whole or in part by the child and I agree to release from I | I or my child may have now or in the fu City") arising from injuries to my child o activities, or (3) being transported to or e City's alleged active or passive neglige legal liability and agree not to sue the | |
| In the event of an injury to my child, I hereby give the City permission to arrange transportation for my child to a hospital, and/or provide my child with EMERGENCY treatment or first aid, although I understand that the City does not assume any responsibility to take any of these actions. The City is not liable for any medical expenses in the event of an injury. | | | |
| | that this contract is legally binding | | I have carefully read this waiver and release and agree to the glegal rights by signing it. I certify that I am the parent or legal |
| | | | Grock Kids Cam |
| For Office Use only: | | | Lodi Parks & Recreation |
| Date: | Amount \$ | | 230 W. Elm St., Lodi, CA 95240 (209) 333-6742 |